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FACSIMILE TRANSMISSION SHEET

RECIPIENT	COMPANY	FAX NO.
Vivek V. Krishnan	USPTO	571-273-8300
FROM	DATE	TOTAL NUMBER OF PAGES INCLUDING THIS PAGE
Donald W. Muirhead	July 3, 2008	25

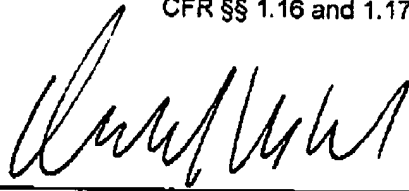
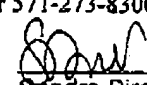
Comments:

In re application of: Koichi SHIMAMURA, et al.
Appln. No.: 10/576,048 Art Unit: 4121
Filed: August 7, 2006 Examiner: Vivek V. Krishnan
For: SERVER APPARATUS AND CLIENT APPARATUS IN PRESENCE DISPLAY SYSTEM

Attached hereto is: Transmittal, Supplemental Amendment and Response, Petition for Extension of Time and PTO Form 2038.

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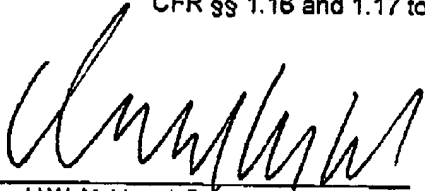
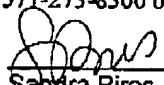
SUPPLEMENTAL AMENDMENT TRANSMITTAL LETTER				Docket Number VPM-01601		
Application Number 10/576,048	Filing Date August 7, 2008	First Named Inventor: Koichi SHIMAMURA, et al.		Group Art Unit 4121		
Invention Title SERVER APPARATUS AND CLIENT APPARATUS IN PRESENCE DISPLAY SYSTEM				Examiner KRISHNAN, Vivek V.		
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application, including: <input checked="" type="checkbox"/> Supplemental Amendment and Response (19 Pages); <input checked="" type="checkbox"/> Supplemental Amendment Transmittal (in duplicate); <input checked="" type="checkbox"/> Petition for Three Month Extension of Time (in duplicate); <input checked="" type="checkbox"/> PTO-2038 Form; and <input checked="" type="checkbox"/> Return Postcard.						
CLAIMS AS AMENDED						
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	49	Minus	34	15	x \$ 50	\$ 750
INDEPENDENT CLAIMS	4	Minus	3	1	x \$210	\$ 210
MULTIPLE DEPENDENT CLAIM ADDED					\$370	\$
					TOTAL	\$ 960
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.						
<input type="checkbox"/> Please charge Deposit Account Number 503596 in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Please charge \$ 960 to our credit card. Attached is PTO Form 2038. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.						
 Donald W. Muirhead, Reg. No. 33, 978 July 3, 2008 Date Customer No. 54004				I hereby certify that the foregoing document is being sent via facsimile transmission to the Commissioner for Patents at the USPTO facsimile number 571-273-8300 on July 3, 2008.  Sandra Pires		

07/10/2008 GREY 00000004 10376048 (10-95)

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01 FC:1615
02 FC:1614
03 FC:1253750.00 OP
210.00 OP
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